IPDR6702				NORTH CAROLINA	T	PA	GE: 1	
RUN DATE:	: 09/11/2005		I	PRS CHECKWRITE SUMMARY REPORT CHECKWRITE DATE: 09/13/2005				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901		0.00	1.6	ALLEY DELIVED DUE TO THOUSENESS				
3404901	SMOKY MOUNTAINM H/DD/SAS	8505	16	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				
	n/ DD/ SAS							
		0	0			16	16	
3404904	WESTERN HIGHLAN	0	0	*** NO DATA TO REPORT ***				
	DS LME							
		0	0			0	1591	1591
						,	1591	1551
3404910	PATHWAYS	8599	65	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5404	31	SEVERE DUPLICATE: SAME ATTD PR		181	4345	4157
				OV/PCODE/TOS/DOS/MOD				
		+						
		8621	26	60 RESIDENTIAL LEVEL III TREAT				1
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404912	CATAWBA COUNTYM	8931	140	AMTNC INELIGIBLE TO RECEIVE SE	+		<del> </del>	-
	CATAWBA COUNTYM ENTAL HEALT			RVICES IN IPRS.				
		142	4.7	AT THE REAL PROPERTY OF THE PERSON OF THE PE				
		143	41	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	17	2 241	2512	2271
		8932	24	CMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404913	MECKLENBURG COM	7003	19	EXCEEDS MAXIMUM UNITS ALLOWED				
	ENTAL HEALT			PER DAY(S)				
		11	9	CLIENT NOT ELIGIBLE ON SERVICE		29	459	430
				DATE				
		191	1	CLIENT ID NUMBER DOES NOT MATC				
			-	H PATIENT NAME				
3404916	CROSSROADS BEHA	U	0	*** NO DATA TO REPORT ***				
	VIORAL HEAL						<del> </del>	<b> </b>
		0	0			0	181	181
								-
3404917	CENTERPOINT HUM	23	9171	SERVICE REQUIRES PRIOR APPROVA				1
	AN SERVICES			L				
		143	88	CLIENT ID NUMBER NOT ON STATE		9259	10041	782
				ELIGIBILITY FILE		9259	10041	162
3404918		0	0	*** NO DATA TO REPORT ***				
3404918	ROCKINGHAM CO M ENTAL HEALT		0	NO DATA TO REPORT	+		<del> </del>	1
					<del>-  </del>		1	
		U	U			0	0	
						1	<del> </del>	1
3404919	GUILFORD CO MEN	8599	51	DETAIL NOT COVERED BY COMBINAT	<del>-  </del>		1	
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				ļ
		21	10	DUPLICATE OF CLAIM-SYSTEM		3 78	2211	2133
						/8	2211	2133
		10	-	DIACHOOTO OD CEDUTOR THE P				
	+	10	0	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,	+		<del> </del>	
		1	1	DIAGNOSIS, PROCEDURE CODE FOR		1	<b>—</b>	

PROVIDER   BIGH SENIAL   NUMBER OF   DESCRIPTION   DENTALS   DEN	TOTAL CLANS FINALIZ  0 0 963		TOTAL CLAIMS PAID
Description	0 0 963	ED 18	PAID 18
ALAMANCE CASWEL 0 0 0 *** NO DATA TO REPORT ***  L AREA NEI D	963	18	18
L AREA MED	963		
	963		
3404921 ORANGE PERSON C 8599 733 DETAIL NOT COVERED BY COMBINAT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	963		
3404921 ORANGE PERSON C 8599 733 DETAIL NOT COVERED BY COMBINAT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	963		
3404921 ORANGE PERSON C 8599 733 OSTAIL NOT COVERED BY COMBINAT 100 OF RECIPIENT, PROVIDER AND 100 OF RECIPIENT, PROVIDER AN	963		
HATHAM AREA		4217	3254
HATHAM AREA		4217	3254
HATHAM AREA		4217	3254
SAMORILLS CENTE   S599   S16   DEFIT PACKAGE.		4217	3254
DED  DED  DED  DED  DED  DED  DED  DED		4217	3254
DED  DED  DED  DED  DED  DED  DED  DED		4217	3254
191   45   CLIENT ID NUMBER DOES NOT MATC	19		
### PATTENT NAME	19		
### PATTENT NAME	19		
### PATTENT NAME	19		
3404922 THE DURHAM CENT \$329 19 CLAIM DENIED ATTENDING PROVIDE  ER	19		
ER	19		
ER	19		
ER	19		
THE LMA  THE LWA  THE	19		
	19		
3404923 FIVE COUNTY MH 191 5 CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  21 4 DUPLICATE OF CLAIM-SYSTEM  21 4 DUPLICATE OF CLAIM-SYSTEM  3404925 SANDHILLS CENTE 2599 316 DETAIL NOT COVERED BY COMBINAT  3404925 SANDHILLS CENTE 2599 316 DETAIL NOT COVERED BY COMBINAT  3404925 SANDHILLS CENTE 2599 316 DETAIL NOT COVERED BY COMBINAT  3404926 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404927 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404929 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CENTE 3599 316 DETAIL NOT COVERED BY COMBINAT  3404928 SANDHILLS CE	19		
3404923 FIVE COUNTY MH 191 5 CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  21 4 DUPLICATE OF CLAIM-SYSTEM  21 4 DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  3404925 SANDRILLS CENTE 3599 516 DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  3404925 SANDRILLS CENTE 3599 516 DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  191 123 CLIENT ID NUMBER DOES NOT MATC 58		524	505
H PATIENT NAME  21 4 DUPLICATE OF CLAIM-SYSTEM 0  8599 4 DETAIL NOT COVERED BY COMBINAT  10N OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  3404925 SANDRILLS CENTE 9599 516 DETAIL NOT COVERED BY COMBINAT  R FOR MM/DD  R FOR MM/DD  10N OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  191 123 CLIENT ID NUMBER DOES NOT MATC 58			
H PATIENT NAME  21 4 DUPLICATE OF CLAIM-SYSTEM 0  8599 4 DETAIL NOT COVERED BY COMBINAT  10N OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  3404925 SANDRILLS CENTE 9599 516 DETAIL NOT COVERED BY COMBINAT  R FOR MM/DD  R FOR MM/DD  10N OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  191 123 CLIENT ID NUMBER DOES NOT MATC 58			
21 4 DUPLICATE OF CLAIM-SYSTEM 0 21 4 DUPLICATE OF CLAIM-SYSTEM 0 3599 4 DETAIL NOT COVERED BY COMBINAT 100 OF RECIPIENT, PROVIDER AND 8ENEFIT PACKAGE. 3404925 SANDHILLS CENTE 3599 516 DETAIL NOT COVERED BY COMBINAT 100 OF RECIPIENT, PROVIDER AND 8ENEFIT PACKAGE. 101 DON OF RECIPIENT, PROVIDER AND 8ENEFIT PACKAGE. 191 123 CLIENT ID NUMBER DOES NOT MATC 58			
DETAIL NOT COVERED BY COMBINAT  S599  4 DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  3404925 SANDHILLS CENTE S599  516 DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  191  123 CLIENT ID NUMBER DOES NOT MATC  58			
DETAIL NOT COVERED BY COMBINAT  S599  4 DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  3404925 SANDHILLS CENTE S599  516 DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  191  123 CLIENT ID NUMBER DOES NOT MATC  58			
S599 4 DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  3404925 SANDHILLS CENTE S599 516 DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  FOR MH/DD  BENEFIT PACKAGE.  191 123 CLIENT ID NUMBER DOES NOT MATC 58			
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  3404925 SANDHILLS CENTE 8599 516 DETAIL NOT COVERED BY COMBINAT R FOR MH/DD ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  191 123 CLIENT ID NUMBER DOES NOT MATC 58	17	608	591
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  3404925 SANDHILLS CENTE 8599 516 DETAIL NOT COVERED BY COMBINAT R FOR MH/DD ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  191 123 CLIENT ID NUMBER DOES NOT MATC 58			
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  3404925 SANDHILLS CENTE 8599 516 DETAIL NOT COVERED BY COMBINAT R FOR MH/DD ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  191 123 CLIENT ID NUMBER DOES NOT MATC 58			
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  3404925 SANDHILLS CENTE 8599 516 DETAIL NOT COVERED BY COMBINAT R FOR MH/DD ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  191 123 CLIENT ID NUMBER DOES NOT MATC 58			
BENEFIT PACKAGE.  3404925 SANDHILLS CENTE 8599 516 DETAIL NOT COVERED BY COMBINAT  R FOR MH/DD ION OF RECIPIENT, PROVIDER AND  ENERFIT PACKAGE.  191 123 CLIENT ID NUMBER DOES NOT MATC 58			
R FOR MM/DD ION OF RECIPIENT, PROVIDER AND ENERSIT PACKAGE.  191 123 CLIENT ID NUMBER DOES NOT MATC 58			
R FOR MH/DD ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  191 123 CLIENT ID NUMBER DOES NOT MATC 58			
BENEFIT PACKAGE.  191 123 CLIENT ID NUMBER DOES NOT MATC 58			
191 123 CLIENT ID NUMBER DOES NOT MATC 58			
n FALLON NAME	912	7368	6456
8952 88 CLAIM DENIED DUE TO AGE RESTRI			
CTIONS FOR TARGET POPULATION			
3404926 SOUTHEASTERN RE 8535 391 SERVICE FACILITY LOCATION WAS			
G MENTAL HL NOT INCLUDED IN YOUR 837.			
PLEASE RESURMIT YOUR CLAIM WIT			
0.500	$\perp$		
8599 95 DETAIL NOT COVERED BY COMBINAT 27	636	3657	3021
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
MARKETT FALANDS.			
23 41 SERVICE REQUIRES PRIOR APPROVA			
L			
3404927 CUMBERLAND CO M 8622 132 60 RESIDENTIAL LEVEL II TREATM			
HC ENT RECEIVED, PA IS REQUIRED			
FOR ADDITIONAL SERVICE.			
31			
21 75 DUPLICATE OF CLAIM-SYSTEM 4	363	1235	872
	_		
8621 60 60 RESIDENTIAL LEVEL III TREAT	1		
MENT RECEIVED, PA IS REQUIRED			
FOR ADDITIONAL SERVICE.			
3404929 LEE HARNETT MH/ 0 0 *** NO DATA TO REPORT ***			
DD/SAS DD/SAS			
0 0 0			
	0	0	0
	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	19	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	7	AMTNC INELIGIBLE TO RECEIVE SE	7	29	330	30:
				RVICES IN IPRS.				
		21	1	DUPLICATE OF CLAIM-SYSTEM				
2404022		2500	151					
3404931	WAKE CO HUM SVC BILLING OF	8599	151	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	139	AMTNC INELIGIBLE TO RECEIVE SE				
		0931	139	RVICES IN IPRS.	214	558	6650	609
		8935	67	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
		†						
		0	0		0	0	0	C
3404933		11	75	CLIENT NOT ELIGIBLE ON SERVICE				
3404933	SOUTHEASTERN CT R FOR MH/DD	11	7.5	DATE				
		8622	30	60 RESIDENTIAL LEVEL II TREATM		150	11.00	1010
		0022	50	ENT RECEIVED, PA IS REQUIRED	10	156	1168	1012
				FOR ADDITIONAL SERVICE.				
		191	29	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404934	ONSLOW CARTERET BEHAV HEAL	11	135	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	32	DETAIL NOT COVERED BY COMBINAT	1	213	360	147
		1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8535	32	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
2404025				And No DAWN TO DEPOSE And				
3404935	WAYNE CO MENTAL	U	U	*** NO DATA TO REPORT ***				
	HEALTH CTR							
	HEALTH CTR	0	0		0	0	0	C
3404936		0 8599	0	DETAIL NOT COVERED BY COMBINAT	0	0	0	C
3404936	HEALTH CTR  WILSON-GREENE M  ENTAL HEALT	0 8599	0	ION OF RECIPIENT, PROVIDER AND	0	0	0	C
3404936	WILSON-GREENE M	0 8599	0		0	0	0	C
3404936	WILSON-GREENE M	0 8599 8931	48	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE	0			3515
3404936	WILSON-GREENE M			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0			3515
3404936	WILSON-GREENE M			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE	0			3515
3404936	WILSON-GREENE M			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE	0			3515
3404936	WILSON-GREENE M	8931		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	47			3515
	WILSON-GREENE M ENTAL HEALT	8931 221	45	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  AMTHO INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM	47			3515
	WILSON-GREENE M ENTAL HEALT	8931		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	47			3515
	WILSON-GREENE M ENTAL HEALT	8931 221	45	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  AMTHO INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM	47			351:
	WILSON-GREENE M ENTAL HEALT	8931	45	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM	47	104	3619	
	WILSON-GREENE M ENTAL HEALT	8931 221	45	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  AMTHO INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM	47		3619	
3404936	WILSON-GREENE M ENTAL HEALT	8931	45	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  SEVERE DUPLICATE: SAME ATTO PR	47	104	3619	
	WILSON-GREENE M ENTAL HEALT	8931 21 21 5404	45	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD	47	104	3619	
	WILSON-GREENE M ENTAL HEALT	8931	45	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  SEVERE DUPLICATE: SAME ATTO PR	47	104	3619	

				1			TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
3404938	PROVIDER NAME  VGFW DBA RIVERS  TONE COUNSE	0	0	*** NO DATA TO REPORT ***	DENIALS	DENIALS	FINALIZED	PAID
	TONE COUNSE							
		0	0		0	0	0	(
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404939	NEUSE MENTAL HE	21	87	DUPLICATE OF CLAIM-SYSTEM				
	ALTH CENTER							
		8599	35	DETAIL NOT COVERED BY COMBINAT	0	155	691	536
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		24	17	PROCEDURE CODE, PROCEDURE/MODI				
				FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
3404941	PITT CO MH/DD/S AS CENTER	11	31	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0					
		U			0	31	110	79
3404942	ROANOKE CHOWANH UMAN SERVIC	8931	6	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		21	4	DUPLICATE OF CLAIM-SYSTEM	6	15	457	442
		8599	2	DETAIL NOT COVERED BY COMBINAT				
		8333	2	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA L HEALTH CE	11	2	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	1	DETAIL NOT COVERED BY COMBINAT	0	4	12	8
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8535	1	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
3404944	DA CORDO TAMBO ULIMA	21	1	DUPLICATE OF CLAIM-SYSTEM				
3101311	EASTPOINTE HUMA N SERVICES			DOLLAGINA OL CAMAN DIQUES				
		0	0		0	1	86	85
3404946	FOOTHILLS AREAM ENTAL HEALT	U	U	*** NO DATA TO REPORT ***				
		0	0		0	0	63	63
					0	0	- 63	0.3
3404957	TIDELAND MENTAL	8599	46	DETAIL NOT COVERED BY COMBINAT				
3404337	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8329	21	CLAIM DENIED ATTENDING PROVIDE	4	81	344	263
				R CANNOT BE THE SAME AS THE LMA				
-		21	8	DUPLICATE OF CLAIM-SYSTEM				
			+					
3404979		11	506	CLIENT NOT ELIGIBLE ON SERVICE				
24043/3	NEW RIVER AREAM H/DD/SA PRO	11	200	CLIENT NOT ELIGIBLE ON SERVICE DATE				